



Application for Access to Records Maintained at the Monroe County Department of Public Health

Return To: FOI Officer, Room 976
Fax: (585) 753-5098
Monroe County Department of Public Health
111 Westfall Road
P.O. Box 92832
Rochester, New York 14692-8932

I hereby apply to : ☐ inspect

☐ obtain a copy of the following record(s) *:

Please print name

Signature

Representing (if applicable)

Date

Mailing address

Telephone number

City, State, Zip code

Fax number

FOR AGENCY USE ONLY:

Approved ☐ Denied ☐

For the reason(s) checked below:

- ☐ Confidential Disclosure
- ☐ Part of investigatory files
- ☐ Unwarranted invasion of personal privacy
- ☐ Record is not maintained by this agency
- ☐ Records for which this agency is legal custodian cannot be found
- ☐ Exempted by statute other than Freedom of Information Act
- ☐ Other: _____

FOI Number: _____
Date Received: _____
Assigned To: _____
Program Area: _____
Date Applicant Contacted: _____
Date File Review: _____
of Copies: _____
Fee Waived: _____ Yes _____ No
Amount Billed: _____
Invoice #: _____
Date Info Sent Out: _____
Date of Closing Letter: _____

*A **Record Duplication** charge of \$.25 per (8.5 x 11") page is payable to Monroe County Department of Public Health.

NOTICE: You have the right to appeal denial of this application.

I hereby request an appeal _____
Signature

Date